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ABSTRACT

Described is a sex education program for preschool children with emotional and learning problems in a therapeutic center. It is explained that the "Baby Week" method combines experimental and didactic learning sequences geared to the developmental needs of this age group. The setting, planning, and organization of the program are discussed, and descriptions of some of the children's experiences are presented. It is reported that with structured play materials, teachers help to provide a setting in which curiosity and exploration are fostered with safety and within limits. (BD)

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A SEX EDUCATION PROGRAM IN A THERAPEUTIC PRE-SCHOOL

by

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"That we prepare our children haphazardly for some of the most important aspects of their later lives - and that we ourselves are so haphazardly prepared for parenthood - is a sad commentary on our whole approach to child-rearing. We require a course of specific instruction and a demonstration of some minimal level of information and skill before we allow a person in our society to drive an automobile by himself. We trust to luck whether he has the information and the competence he needs to engage in sexual activities, to enter a marriage relationship, or to raise a child." (Glasscote & Fishman, 1974) "Less civilized" people make sure that their children learn what they need to know to be successful adults

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in their societies by traditionally structured, frequently ritualized child-rearing practices. Not only has our industrialization and urbanization led to a fragmentation of our value systems, but the multi-faceted nature of our society further disperses efforts and obscures concepts. Thus the path for the transmission of culture is both sinuous and changing. Sex education is an example of an effort that increasingly is being shifted from the traditional family setting to schools and institutions for the instruction of the young. We would like to describe to you our effort to present a sex education program for preschool youngsters.

THE SETTING

The Pre-School Day Treatment Center of The Menninger Foundation - Children's Division is a medical treatment facility for children 2½ to 7 years of age who have a variety of emotional and learning problems. A total enrollment of about 20 children attend a year 'round program. In general, they attend half-day sessions, either in the morning therapeutic preschool, or in the afternoon therapeutic kindergarten program. Youngsters eligible for our program run the gamut from mild developmental or maturational lags to severe psychotic disturbances. Referred after an initial consultation by a child psychiatrist, each child is carefully assessed during the initial month in the program. The assessment routinely includes a psychiatric and medical examination, an educational and social assessment, a family diagnostic interview, a speech and hearing examination,

and a screening for learning difficulties. Other diagnostic examinations may be performed when indicated. Following this, an individual comprehensive treatment program is planned for the child's educational, developmental, medical and psychological needs.

Heading the treatment team is the "team coordinator" - usually a child psychiatry fellow in training under the supervision of a senior staff child psychiatrist. This doctor will observe a child in the preschool group, meet regularly with the parents or family in parent guidance sessions and coordinate all the various treatment elements. A parent group gives families further support, education and input into our program. The parents are helped to take as active a part as possible in a therapeutic endeavor and helped to facilitate growth and healing in their child. The child attends the Center in a group of 9 to 12 youngsters. Here in the play and learning areas he interacts with three full-time specially trained teachers, augmented by two to three trainees (student teachers or paraprofessional trainees). Thus, at all times a high teacher-pupil ratio is maintained. At the Center a total atmosphere is hopefully created in which exploration and interaction with a variety of materials and people can occur; curiosity and learning are supported; feelings and conflicts can be understood, respected and talked about; and help is given in finding more age appropriate ways of expressing feelings. Within this context, child-initiated play sequences allow the teachers to help him deal with feelings, limits, and conflicts and

strive for mastery. Teacher-initiated activities may also be provided either individually or in small groups. Remediation of specific lagging areas may be attempted through individual prescriptive teaching.

It is difficult in a few words to encompass the ambience that the staff attempts to create for our youngsters. We believe that the child should be treated as a whole person. We consider, both in our evaluation and in our treatment planning, the child's physical health, neurological integrity, emotional health, intellectual development and the environment he experiences. Suffice it to say that our philosophy entails the belief that for adequate development a child needs, and can flourish well in, an environment of mature love and care which is consistently available and evident. Efforts need to be geared to the child's age and, at times, may well involve appropriate withholding or delay of gratification. Angers also can occur without destructiveness and the child needs assistance in fostering the channeling of impulses in such a way as to develop internal controls. We place an emphasis on the identification and role-model provided by the teachers. There is considerable emphasis in helping the children understand what is going on within himself and to give them the tools for this; such as helping to find words for feelings.

Because the children all have some degree of emotional difficulties, the Pre-School Day Treatment Center places emphasis on feelings and on their dynamic understanding. It was in the context of this setting that we felt

it appropriate to plan a unit to help them with understanding of family life and sex education.

PLANNING

Early in our history we had not planned anything like a formal sex education program. We had, of course, always given straight-forward, correct sexual information when questions were asked and clarifications of misunderstandings and fears when we could identify them. One spring, however, it happened that at one time there were three children whose mothers were expecting babies. At that time we thought that role playing as babies would help prepare the children, both with information about how babies were born and about their feelings towards the new baby in the house. The rapt attention and interest evoked in most of the children, and the impetus that it seemed to give to their curiosity and questioning, made the staff feel that what had begun as "Baby Week" might become a partial format for a program for the sex education for these preschool children.

What we shall try to describe in this paper then is our current effort at providing a sex education program for the nursery and kindergarten age child. As will be seen, part of the program involves an active experiential portion and part a more intellectual and reflective portion. Although our setting is a therapeutic nursery and kindergarten, attending

to the children's educational needs is considered a vital portion of our program.

As might be expected around young children, teachers choose important topics and pick with care the materials that will illustrate the focus of learning for that week. We now regularly plan our Sex Education Program, which we still refer to casually as "Baby Week", for the spring months so that most of the children in the group will likely have attended the total program for several months. Thus, by this time most will be familiar with us and, hopefully, have established something of a meaningful relationship with our core staff. We would want them to have at least a chance to be somewhat comfortable with us. The children would also have understood that at the Pre-School Day Treatment Center is a safe enough place in which one can ask questions and expect to get honest and comprehensible answers.

In the weeks that immediately precede the unit on "Human Babies", the weekly topics introduced in sequence include: 1) Spring - with growth concept; 2) Gardening - with planting and germination; 3) Baby animals - caretaking. Thus, the children are prepared and helped to move in a gradual way into the topic of human babies. In addition, there is a more specific preparation of the children; namely, as they begin the week's experiences, the children's group has the task defined for them. They are told as a group that they will be studying and talking about human

babies. Real babies will be brought to visit the group. They are told that they will have real baby things to explore that week in the Center. Further, during free exploring time, within the bounds of safety, they have the option to play or not play with any of the materials provided. Not only is their participation in the experiential part voluntary, but they are told the staff is prepared to discuss with them answers to questions they may have. They are reassured that the staff will be there at all times. Although they can "play and pretend" to be babies if they choose to, it will only be pretend. This will need to be repeated to the children many times during the week to lessen fears. They are concretely told they cannot really get younger or become a baby and that sex changes will not occur.

In addition to the preparation of the children for this eventful week, staff and parents have to be prepared. Since our core staff of three teachers, two child psychiatrists, one social worker, one psychologist and one speech pathologist and audiologist is augmented regularly by a variety of trainees, especially student teachers and child psychiatry fellows, there is a regular need to go over with the trainees the events of this special program. This is done through regularly scheduled staff-team meetings as well as in individual supervision. This allows for concerns and questions to be posed and, hopefully, allayed. It also gives a chance to share individual children's needs or specific therapeutic considerations.

Moreoever, since the child psychiatry fellow most often heads the treatment team of a child, it is he who has the obligation to talk over with the parent what the children's group will be studying. Eventually he will help the parents with whatever questions and concerns they may have. The parents are free to come and observe this, as any other portion of our program. A further avenue for allaying parental concerns and providing parent education is through the parent group. Clearly, we hope to prepare the parents so that they can participate comfortably and eventually answer their child's questions at home. It has been gratifying that, although many parents have been able to voice numerous concerns to us, all have allowed the children the right to participate. Parental hesitancy has most commonly centered around fears that the children might lose hard-won gains in development if allowed this regressive experience. Would their child relapse in toilet training or in self-help skills? They, however, have participated with us in loaning baby materials, bringing a baby, and viewing the program in session. Many spontaneously let us know they appreciated seeing that such a difficult topic could be usefully presented to young children.

THE ORGANIZATION OF THE PROGRAM

Imagine that the play and work space, which basically consists of two moderate size rooms, now has one big corner filled with real baby equipment. Scanning the room we find a sturdy crib, a playpen, a high chair,

a table with baby clothes and bathinette materials. Available is a stroller, a rocking chair and a large soft pillow. Lullaby records are softly playing. Baby dolls are there to be cared for, babies toys and music boxes to be played, and bottles, pacifiers and baby food to sample. Any and all of these are there to be explored. These are the special materials that will be available this week during free play time.

Since we try to achieve a balance between child-initiated and teacher-initiated activities in the Pre-School Day Treatment Center program, the usual rug time and table times are group gathering places where the teachers can each day introduce new materials to the children. In an unhurried and flexible way, the teachers can adapt the new material to their sense of where the children's group needs, interests and tolerance lie. The following represents a list of areas that will be covered during the week:

1) Viewing the Life magazine picture sequence "Before You Were A Baby" showing fetal development.
2) Having the visit of a pregnant woman.
3) Bringing your own baby pictures from home and trying to guess and recognize them as a group exercise.
4) Having the visit of a baby boy.
5) Having the visit of a baby girl.

(These latter two visits are planned so that one child is bottle-fed and one is breast-fed. The mothers have generally been quite

comfortable in allowing the children to watch the baby be fed, burped, bathed, combed, comforted, held, spoken to and played with. When the babies visited, the children tended to need additional attention from the adults - often requesting to have a bottle or to sit on an adult's lap. Watching the baby be nursed often seemed to make the children uncomfortable. Commonly the topic of sibling rivalry would come to the fore. Body differences can be considered. Thus the children are able to view a baby of each sex unclothed, and be helped by the teachers to observe and understand what they are viewing.)

6) The children look at and measure baby clothes and compare them with their own. Also toys and equipment are considered in terms of use, interests and how they themselves have grown and changed since their babyhood.

7) Watching a video-tape of natural childbirth.

8) Listening to a selection of Mr. Rogers' records of which the favorites are: "When the Baby Comes", "Everybody's Fancy", "You're Growing", and "My Oldest Toy".

9) Reading together a number of appropriate and well written, illustrated children's books. (A complete listing of these appears in Appendix A.)

All of the above topics are considered in such a way as to allow ample time for individual questions from the children and further review later in group discussion time.

During the traditional free play time, or child-initiated portion of the program, the children interact on a voluntary basis with the real baby equipment described above. Further, the art area contains an assortment of creative materials also connected with babies. For example, the easels have soft pastel tones of color. Materials are offered to construct home-made rattles. The finger-painting material is chocolate pudding and there is play-doh available. These materials are there in addition to the basic equipment of the nursery school which includes a number of creative toys, including: blocks, costumes, toys, kitchen play area, miniature toys, and so forth. The familiar basic equipment provides alternative play-things for children choosing to avoid or warm up more slowly to the baby material.

As can be imagined by now, snack time also contains baby foods such as apple sauce, graham crackers, teething biscuits, baby cookies, cereals, baby food, milk and orange juice. At this social group time, the teachers discuss the foods being sampled and compare them with what the children eat now, and why.

THE EXPERIENCE

As one might expect, both because of the newness and the emotionally laden nature of the topic, a variety of anxieties are aroused when the children are allowed to experiment with such an array of materials.

It is usual to see everything from boisterous, feverish activity; tentative, cautious approaches; to clear avoidance. We have noted rather regularly that the more profoundly disturbed youngsters tend to begin at least, if not maintain, a studious avoidance. One can speculate that this represents a profound anxiety about the material itself or a fear of the regression which this material may stimulate, or both. In the course of treatment one such child, diagnosed as psychotic, after having largely avoided much of the experience the first year at the Center, during the second year was able to let himself play with the equipment after a brief warm-up period. It seemed that from this point on significant gains began to occur in his total treatment program and he seemed to have been catalyzed by the baby week experience. He was noted to be able to take in far more comfortably than before from both staff and parents. This particular case has been described in detail. (Braga and Mody, 1974)

A number of children will reject the dependency and helplessness implicit in playing out the baby role. They may be seen vigorously using the crib or pen more as a trampoline or as climbing material. The toys get converted into aggressive, powerful games such as the stroller used as a stock car. Other times a child might be assiduously playing out the role of parent-helper-caretaker. An example was a very infantile, demanding 5-year-old girl with rather severe brain dysfunction that expressed itself as a major deficit in expressive language. This child spent her free time meticulously preparing pretend formula in the kitchen area

which was in the room next to the baby materials. When she ventured into the room with the baby material she then took the role of mother pushing a baby doll in a stroller. Over and over she repeated these two activities. During the ensuing year, after slow but steady help for her communicative difficulties, a vast improvement in her relationship to her parents now began to emerge. She was able to feel supported by them and more comfortable due to their firmer limit setting. The second year she thoroughly enjoyed interacting with the baby materials and gave herself to this play in acting out the role of the baby. She could now listen to much that was presented with considerable attention. It is unusual for most children to be unable to get comfortable enough to engage in the experience after one or two days. Some may seem more to play "at it" whereas others seem to get "into" the experience. At least some of those that we understand are significantly deprived in reality, such as abused children, do not or cannot allow this degree of stimulation of their dependent longings. We have felt it is more likely these that seem to maintain some distance from wholehearted involvement. Also, children who have more recently mastered issues connected to the oral stage are likely to hesitate to participate.

What to us has been impressive has been the general eagerness and interest in which most of the children are able to participate. It is worthy of note that when the teachers let the children know it's almost time to "stop pretending", they seem able to give up this type of play as easily

as dramatic play. During the course of the week they are able to ask a host of questions pertaining to the growth and location of the baby during inter-uterine life. During an antimated discussion of belly buttons and umbilical cords one child, replying to the teacher's question about the purpose of umbilical cords, loudly declared to his colleagues, "That's so the baby won't get lost". Confusions and misunderstandings about who can have babies and how the baby got out are discussed. The kindergarten group one year asked to see the childbirth film repeatedly. One white child expressed the belief that black children were born white and later turned black. Only after such a fanciful distortion of reality could be expressed was it possible to help the child sort out facts and fantasies. Sex differences often would be denied or confused in a variety of ways. It was rather frequent that when asked how one could tell the difference between boys and girls to be given answers like, "the hair", "the name", "the belly button", "the clothes". When pressed to describe the special opening between mom's legs for the baby to be born, one child blurted out, "The nasties". It then gave the teachers an opportunity to help the children understand that it was safe and appropriate to talk about all parts of the body. Only then could they talk more openly about the various slang names used for genital equipment and to help the children also learn the correct terminology. Naming and recognition would be one step towards facilitating and working through of the genital difference problem, castration fears, prudery, fears and envies of the other sex.

DISCUSSION

The "Baby Week" method is one attempt to teach human sexuality to nursery and kindergarten age children in a therapeutic center, combining experiential and didactic methods. It is well recognized that learning tends to be more lasting if active involvement of the learner is fostered. (Kernberg and Ware, 1976) With the structured play material, the teachers help provide a setting in which curiosity and exploration are fostered with safety and within limits. There is a freedom to explore fears and micsonceptions in a familiar and comfortable environment with people you know and trust. Appropriate answers and clarifications can occur and are presented in an age appropriate way. We hope to maintain a sensitive awareness of the total child.

Since the learning takes place in the context of a group experience, the dynamics of group functioning are taken into account. (Rice, 1965) The task is clearly specified and the teachers act as consultants to the group to maintain the structure and boundaries. Knowledge about group tension, with its potential for regression, allow them to help maintain the anxiety at a tolerable level. Through the experience multiple purposes of play activity can be seen in operation. Play can be seen as partly wish fulfillment, partly an assimilation of over-powering experience, and partly as an attempt at mastery whereby passive is changed into activity. Through play exploration the child can mature by an alteration of his awareness

of the world. By virtue of the voluntariness of the participation, a child can negotiate his interactions according to his needs and abilities. This way his interests are coupled with an added assist from sensitive teachers who help keep the experience at a comfortable enough level and respect his integrity as an individual. It is done in the context of as stable and dependable relationship with teachers as possible to enable him to comfortably pass between fantasy and the actual world. He can receive correction for his misunderstandings and misinformation as these become clarified.

By preparing staff and parents prior to the sex education program, an attempt is made to minimize the potential for splitting and ill feeling that could be engendered through either misunderstanding or fears. This effort is seen as further safeguarding the children from the stress that this diversion would engender. It also fosters the inclusion of the parents in the total learning environment for the children.

Although in this particular setting all the children were troubled to some extent, the method would appear to us to be potentially applicable to other preschool children. In our sample, the less disturbed children appear to be those who could participate the most fully. In some instances, eager participation seems to be part of, or even catalyze, psychological gains. Every attempt was made to employ principles considered appropriate to young children and in keeping with their developmental ages. We do

recognize that many centers would not have as close a working relationship with parents as ours, which might well affect the acceptability of such a program.

We must remember that sex education and sex research still remain in this last quarter of the 20th Century a controversial subject. (Money, 1976) Curiously enough, our greatest critics are other teachers who tend to espouse a feeling that it is a mistake to bring up such a loaded issue. One is reminded of what Freud noted 72 years ago: "The popular view of the sexual instinct is that it is absent in childhood and only awakens in the period of life described as puberty". (Freud, 1905) Freud challenged prevailing notions with his theory that the beginnings of sexual life go back to early childhood. Other teachers object that the entire experience represents too much strenuous activity for the teachers. Our staff also remarks about this and are free to consider alternatives or elimination of the program. Despite the awareness of the effort involved, our staff continues to feel that it is a valuable experience for the children. In fact, the staff is eager to undertake more studies of the "Baby Week" method of sex education to more clearly delineate its effect. Speech samplings made during the experience do indicate some shifts in some children compared with articulation patterns taken before and after. We hope to evaluate this finding further by more systematic research.

We agree with Breiner who makes this point that innocence is different

than ignorance. (Breiner, 1972) He makes the point that childhood innocence is, in fact, removed that by those people who connect sexual matters with dirt and guilt. In this sense, our program is designed to change ignorance into knowledge.

SUMMARY

A Sex Education Program planned for the children of a therapeutic nursery and kindergarten has been presented. The "Baby Week" method combines experiential and didactic learning sequences geared to the developmental needs of this age group.

APPENDIX A

BOOKS

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